

## Automobile Policy Declarations

### 1. Named Insured

YOUR NAME  
ADDRESS  
CITY, STATE ZIP

### Your Agency's Name and Address

AGENT NAME  
ADDRESS  
CITY, STATE ZIP

Your Policy Number       ##### ### #  
Your Account Number

For Policy Service Call   1.877.###.####  
For Claim Service Call   1.800.CLAIM

### 2. Premium

Your Total Premium for the Policy Period is \$###.##  
The policy period is from March 1, 2009 to September 1, 2009.

### 3. Your Vehicles

1. Vehicle 1
2. Vehicle 2

### Identification Numbers

#####  
#####

### 4. Coverages, Limits of Liability and Premiums

The coverages you have selected are shown by premium entries. The coverage provided is subject to all the terms of this policy.

VEHICLE 1   VEHICLE 2

A.	Bodily Injury				
	\$100,000 each person.....	\$	##	\$	##
	\$300,000 each accident				
B.	Property Damage				
	\$100,000 each accident.....	\$	##	\$	##
C.	Medical Payments				
	\$5,000 each person.....	\$	##	\$	##
D.	Uninsured Motorists				
	\$100,000 each person.....	\$	##	\$	##
	\$300,000 each accident				



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**4. Coverages, Limits of Liability and Premiums (continued)**

	VEHICLE 1	VEHICLE 2
D1. Underinsured Motorists \$100,000 each person..... \$300,000 each accident See Endorsement A12043	\$ #	\$ #
E. Collision Actual Cash Value less..... \$500 deductible	\$ ##	\$ ##
F. Comprehensive (Other than Collision) Actual Cash Value less..... \$500 deductible	\$ ##	\$ ##
G. Extended Transportation Expenses \$50 per day/\$1,500 maximum..... See Endorsement A00391	\$ ##	\$ ##
I. Towing and Labor Costs \$50 per disablement.....	\$ #	\$ #
<b>Subtotals for your vehicles.....</b>	<b>\$ ###</b>	<b>\$ ###</b>

<b>Total Premium for This Policy:</b>	<b>\$ ###</b>
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**This is Not a bill. You will be billed separately for this transaction.**

**5. Information Used to Rate Your Policy**

Anti Theft Device	VEHICLE 1	VEHICLE 2
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Travelers Homeowners Customer

Continued on next page

# High Value Homeowners Policy

## INSURED AND AGENT INFORMATION

**(Named Insured)****Name and Mailing Address**

YOUR NAME  
ADDRESS  
CITY, STATE ZIP

**Agent Information**

AGENT NAME  
ADDRESS  
CITY, STATE ZIP

**The Residence premises is located at**

ADDRESS  
CITY, STATE ZIP

**Mortgagee Name and Address**

MORTGAGE CO.  
ADDRESS  
CITY, STATE ZIP  
LOAN NUMBER ###-#####

## POLICY INFORMATION

**Homeowners Policy No.**

##### ### #

**Policy Period**

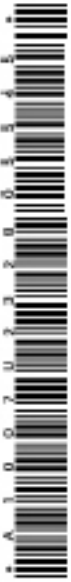
06/21/07 - 06/21/08 12:01 A.M.  
Standard Time at the residence premises

**Your Insurer**

The Travelers Home and Marine Insurance Company  
One of The Travelers Property Casualty Companies  
One Tower Square, Hartford, CT 06183  
(a Stock Insurance Company)

**For Claim Service Call**  
**For Policy Service Call**

1-800-CLAIM33  
(847) 797-5700

**TOTAL POLICY PREMIUM****\$ #####.##****This is not a bill; you will be invoiced separately.**

## POLICY COVERAGES AND LIMITS OF LIABILITY

	LIMIT
<b>Section I - Property Coverages</b>	
A - DWELLING.....	\$ #####
B - OTHER STRUCTURES.....	\$ #####
C - PERSONAL PROPERTY.....	\$ #####
D - LOSS OF USE.....	\$ #####
LIMITED FUNGI, OTHER MICROBES OR ROT REMEDIATION	
Section I - Property Coverage.....	\$ ####
<b>Section II - Liability Coverages</b>	
E - Personal Liability (Bodily Injury and Property Damage) Each Occurrence..	\$ #####
F - Medical Payments to Others Each Person.....	\$ ####

## POLICY SAVINGS AND DEDUCTIBLES

### Your Savings

The following credits or discounts reduced your premium: Account Discount, Loss Free Discount, Protective Devices Discount

### Deductibles

	DEDUCTIBLE
Section I Property Coverages Deductible (All Perils).....	\$ #####

In case of loss under section I, only that part of the loss over the stated deductible is covered.

## MANDATORY FORMS AND ENDORSEMENTS

HV-3 (10-06) High Value Homeowners Dwelling Form  
 HV-300 IL (02-07) Special Provisions - Illinois

The Declarations with your Homeowners Policy, HV-3 (10-06), and the optional Endorsements and coverages listed above, form your Homeowners Insurance Policy.

\*Note: The additional cost for any optional endorsement or coverage shown as "Included" is contained in the Total Policy Premium amount.